

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Lisa Matta,
Dept. of Industrial Relations
Division of Occupational Safety & Health
PSM R6 D3
1450 Enea Circle, Suite 550
Concord, CA 94520-7996

2. Article Number
(Transfer from service label)

7009.3410 0000 1565 2892

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Lisa Matta

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Lisa Matta

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

106/201
cal/ostia Perating Payment

• Sender: Please print your name, address, and ZIP+4 in this box •

723
Tom D. Palma
7/63
Chevron Products Company
841 Chevron Way
Richmond, CA 94801

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10



UNITED STATES POSTAL SERVICE

2009 3470 0000 1565 2892

OFFICIAL USE

Postage	\$	<div> <div>JAN 26 2011</div> <div>Postmark Here</div> <div>Tom Di Palma</div> </div>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To

Ms. Lisa Matta,
Dept. of Industrial Relations
Division of Occupational Safety & Health
PSM R6 D3
1450 Enea Circle, Suite 550
Concord, CA 94520-7996

Street, Apt. No.
or PO Box No.

City, State, ZIP

PS Form 3800

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®
- Certified Mail is not available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail.
- values, please consider insured or Registered Mail.

For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain *Return Receipt* service, please complete and attach a *Return Receipt* (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested" to receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.

For an additional fee, delivery may be restricted to the addressee; for addressees authorized agent. Advise the clerk or mark the mailpiece with the endorsement, "*Restricted Delivery*."

- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.



 **W. Hartwig**
Manager

**Health, Environment &
Safety**
Chevron Products Company
P. O. Box 1272
Richmond, CA 94802-0272
Tel 510 242 1400
Fax 510 242 5353
jwha@chevron.com

January 26, 2011

CAL/OSHA
Department of Industrial Relations
Cashier Accounting Office PV
PO Box 420603
San Francisco, CA 94142-0603

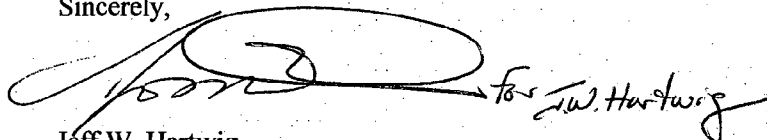
CAL/OSHA Penalty Payment

To Whom It May Concern:

Enclosed, please find the penalty payment for Citations 1, 2, and 3 in the amount of \$8,325.00, regarding Inspection Number 314325168, Reporting ID 0950663, Index Code 4037 issued 12/28/2010 and received 1/19/2011.

For questions, please contact Mr. Thomas DiPalma at (510) 242-2233.

Sincerely,


Jeff W. Hartwig

Cc: Ms. Lisa Matta
Dept. of Industrial Relations
Division of Occupational Safety & Health
PSM R6 D3



Chevron Products Company
A Division of Chevron U.S.A. Inc.
P.O. Box 9034
Concord CA 94524

62-20
311

NO. 0026309921

01/25/2011

PAY TO
ORDER OF

DEPT OF INDUSTRIAL RELATIONS
CASHIER ACCOUNTING OFFICE PV
PO BOX 420603
SAN FRANCISCO CA 941420603

*****\$8,325.00

NOT VALID AFTER 1 YEAR

Eight thousand three hundred twenty-five and 00/100 Dollars

VOID

Chevron

AUTHORIZED SIGNATURE

CITIBANK N.A., ONE PENN'S WAY, NEW CASTLE, DE 19720

⑈0026309921⑈ ⑆031100209⑆ 38696461⑈

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH - CAL/OSHA
Cashier, Accounting Office
P.O. Box 420603
San Francisco, CA 94142-0603
Phone (415) 703-4291 or (415) 703-4295 FAX (415) 703-3037

PENALTY REMITTANCE FORM

CIVIL PENALTY INFORMATION INSPECTION NUMBER 314325168 REPORTING ID 0950663 INDEX CODE 4037

ESTABLISHMENT NAME Chevron USA, Inc. dba Chevron Products Co.

CONTACT PERSON Thomas D. Palma

PHONE NO. 510-242-2233

FAX NO. 510-242-5353

SITE ADDRESS 841 Chevron Way, Richmond

MAILING ADDRESS 841 Chevron Way, Richmond, CA, 94801

CITATION INFORMATION (Penalties are due within 15 working days of receipt of this notification unless contested. If you are appealing any item of this citation, remittance is still due on all items that are not appealed.)

Payment is for the following Citation Items: e.g. Citation 1, Items 1-5; Citation 3

Citation 1, Item 1; Citation 2, Item 1; Citation 3, Item 1

TYPE OF PAYMENT ENCLOSED

CHECK OR MONEY ORDER INFORMATION

CHECK ENCLOSED IN THE AMOUNT OF

\$ 8,325.00

MONEY ORDER ENCLOSED IN THE AMOUNT OF

\$ _____

(Please make check or money order payable to CAL/OSHA and mail to the Cashier, Accounting Office, at the above address. Reference the Inspection Number on the "memo" portion of your check or money order.)

Go to www.dir.ca.gov/dosh to access the on-line third party secure payment processing site.

OR Complete this section and fax to (415) 703-3037

CREDIT CARD INFORMATION

VISA OR MASTERCARD CREDIT CARD NO. _____ EXPIRATION DATE _____

CREDIT CARD SECURITY CODE (last 3 digits on back of card) _____

NAME OF CARDHOLDER _____ SIGNATURE _____

CARDHOLDER PHONE NO. _____ FAX NO. _____

AMOUNT OF PAYMENT \$ _____

----- FOR OFFICE USE ONLY -----

AUTHORIZATION NO. _____ DATE PROCESSED _____

PROCESSED BY _____

Please call (415) 703-4291 or 703-4295 or complete the information above and fax to (415) 703-3037

Cal/OSHA-2 PRF Rev 7/08

State of California
Division of Occupational Safety and Health
Cal/OSHA Process Safety Management District Office
1450 Enea Circle, Suite 550 (Index Code 4037)
Concord, CA 94520-7996
Phone: (925) 602-2665 Fax: (925) 602-2668
925 602-2665

AMENDED NOTICE OF PROPOSED PENALTIES

Company Name: Chevron USA, Inc. dba Chevron Products Co.
Inspection Site: 841 Chevron Way, Richmond, CA 94801
Mailing Address: 841 Chevron Way, Richmond, CA 94801

Issuance Date: 12/28/2010

Reporting ID: 0950663
Index Code: 4037

Summary of Penalties for Inspection Number 314325168

Citation 1, General	= \$	225.00
Citation 2, General	= \$	4050.00
Citation 3, General	= \$	4050.00
TOTAL PROPOSED PENALTIES	= \$	8325.00
<u>NO CHANGE IN PENALTIES</u>		

Penalties are due within 15 working days of receipt of this notification unless contested. If you are appealing any item of this citation, remittance is still due on all items that are not appealed. Enclosed for your use is a Penalty Remittance Form.

If you are paying by credit card (MasterCard and Visa): Please have this form on-hand when you are ready to make your payment. The company name, index code, reporting ID and Citation number(s) will be required to ensure that the payment is accurately posted to your account. Please go to www.dir.ca.gov/dosh to access the secure payment processing site.

If you are paying by check: Mail this Notice of Proposed Penalties, the Penalty Remittance Form, along with a copy of the Citation and Notification of Penalty to:

DEPARTMENT OF INDUSTRIAL RELATIONS
CASHIER, ACCOUNTING OFFICE
P. O. BOX 420603
SAN FRANCISCO, CA 94142-0603

CAL/OSHA does not agree to any restrictions, conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions or endorsements do not exist.

State of California

Division of Occupational Safety and Health
Cal/OSHA No CA PSM District Office (0950663; 4037)
1450 Enea Circle, Suite 550
Concord, CA 94520

Inspection Number: 314325168
Inspection Dates: 10/20/2010-12/28/2010
Issuance Date: 12/28/2010
CSHO ID: I7311
Optional Inspection Nbr: 006-11



Phone: (925) 602-2665 Fax: (925) 602-2668

Citation and Notification of Penalty

Company Name: Chevron USA, Inc. dba Chevron Products Co.
Inspection Site: 841 Chevron Way, Richmond, CA 94801

AMENDED

"THIS CITATION AMENDS CITATION NO. 1 ISSUED ON 12/28/10 TO EXTEND THE ABATEMENT UNTIL 02/28/11 FOR ITEMS NO. 1. ALL OTHER ITEMS OF THE CITATION AND PENALTY REMAIN UNCHANGED AND EFFECTIVE. THIS AMENDED CITATION SHALL BE POSTED WITH THE ORIGINAL CITATION FOR AT LEAST THREE WORKING DAYS OR UNTIL THE VIOLATIVE CONDITION IS ABATED, WHICHEVER IS LONGER."

Citation 1 Item 1 Type of Violation: General

T8CCR5162(c) Emergency eyewash facilities and deluge showers shall be in accessible locations that require no more than 10 seconds for the injured person to reach. If both an eyewash and shower are needed, they shall be located so that both can be used at the same time by one person. The area of the eyewash and shower equipment shall be maintained free of items which obstruct their use.

The emergency eyewash and shower facility located in the Fluidized Catalyst Cracker Unit were not located so that they both could be used at the same time by one person.

This violation was observed on October 20, 2010.

Date By Which Violation Must be Abated:
Proposed Penalty:

02/28/2011
\$ 225.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

State of California

Division of Occupational Safety and Health
Cal/OSHA No CA PSM District Office (0950663; 4037)
1450 Enea Circle, Suite 550
Concord, CA 94520

Inspection Number: 314325168
Inspection Dates: 10/20/2010-12/28/2010
Issuance Date: 12/28/2010
CSHO ID: I7311
Optional Inspection Nbr: 006-11



Phone: (925) 602-2665 Fax: (925) 602-2668

Citation and Notification of Penalty

Company Name: Chevron USA, Inc. dba Chevron Products Co.
Inspection Site: 841 Chevron Way, Richmond, CA 94801

AMENDED

"THIS CITATION AMENDS CITATION NO. 2 ISSUED ON 12/28/10 TO REDUCE THE ITEM TO A GENERAL; EXTEND THE ABATEMENT UNTIL 06/01/11; AND TO CHANGE THE AVD LANGUAGE FOR ITEMS NO. 1. ALL OTHER ITEMS OF THE CITATION AND PENALTY REMAIN UNCHANGED AND EFFECTIVE. THIS AMENDED CITATION SHALL BE POSTED WITH THE ORIGINAL CITATION FOR AT LEAST THREE WORKING DAYS OR UNTIL THE VIOLATIVE CONDITION IS ABATED, WHICHEVER IS LONGER."

Citation 2 Item 1 Type of Violation: Serious

T8CCR 5189(f)(1)(A)

The employer shall develop and implement written procedures that provide clear instructions for safely conducting activities involved in each process consistent with the process safety information and shall address at least the following: (A) Steps for each operating phase:

The employers existing written operating procedures for normal shutdown do not contain clear instructions for cleaning the C-90 bottoms system strainers in the Fluidized Catalyst Cracker Unit.

This violation was observed on October 20, 2010.

Date By Which Violation Must be Abated:
Proposed Penalty:

06/01/2011
\$ 4050.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

State of California

Division of Occupational Safety and Health

Cal/OSHA No CA PSM District Office (0950663; 4037)

1450 Enea Circle, Suite 550

Concord, CA 94520

Inspection Number: 314325168

Inspection Dates: 10/20/2010-12/28/2010

Issuance Date: 12/28/2010

CSHO ID: I7311

Optional Inspection Nbr: 006-11



Phone: (925) 602-2665 Fax: (925) 602-2668

Citation and Notification of Penalty

Company Name: Chevron USA, Inc. dba Chevron Products Co.

Inspection Site: 841 Chevron Way, Richmond, CA 94801

AMENDED

"THIS CITATION AMENDS CITATION NO. 3 ISSUED ON 12/28/10 TO REDUCE THE ITEM TO A GENERAL AND EXTEND THE ABATEMENT UNTIL 01/31/11 FOR ITEMS NO. 1. ALL OTHER ITEMS OF THE CITATION AND PENALTY REMAIN UNCHANGED AND EFFECTIVE. THIS AMENDED CITATION SHALL BE POSTED WITH THE ORIGINAL CITATION FOR AT LEAST THREE WORKING DAYS OR UNTIL THE VIOLATIVE CONDITION IS ABATED, WHICHEVER IS LONGER.

"Citation 3 Item 1 Type of Violation: Serious

T8CCR 5189(e)(4) The employer shall establish a system to promptly address the team's findings and recommendations; document any actions taken to implement the team's recommendation; develop a written schedule of when these actions are to be completed; assure that the recommendations are resolved in a timely manner; make them available to operating, maintenance and any other persons who work assignments are in the facility, and who are affected by the recommendations or actions; and assure that the recommendations are evaluated in a timely manner or implement an alternative resolution which appropriately addresses the degree of hazard posed by the scenario.

A recommendation ranked as minor, in the employer's Process Hazard Analysis Report, dated 5/27/2008-9/16/2010 was failed to be addressed in a timely manner. Specifically, the concern during startup or steaming out of V-102's, V-105's, and V-106's Fractionator bottoms strainers, the potential to drain liquid to sewer along with solids may cause back splash resulting in possible fire or personnel injury. Employer's PHA report requires a resolution which appropriately addressed the degree of hazard posed by the scenario.

This violation was observed on October 20, 2010.

Date By Which Violation Must be Abated:

01/31/2011

Proposed Penalty:

\$ 4050.00

Phone: (925) 602-2665 Fax: (925) 602-2668

Compliance Officer/District Manager

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.